

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PJ 132

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 16 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065502

1. Corporation Name

Nuvo KAFE, INC

2. Principal Office Address

13152 West Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

13152 West Dixie Hwy

Suite, Apt. #, etc.

City & State

Miami, FL

Zip Country

33161 U.S.A.

City & State

Miami, FL

Zip Country

33161 U.S.A.

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

04-3693513

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ivan Dorvil

000038021130

06/16/04-01060-004 ***300.00

Street Address (P.O. Box Number is Not Acceptable)

13152 West Dixie Hwy

Suite, Apt. #, Etc.

City

Miami, FL 33161

State

FL

Zip Code

33161

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-10-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	Ivan Dorvil	13152 West Dixie Hwy	Miami, FL 33161
V.P.S. T.D.	Germaine Dorvil	13152 West Dixie Hwy	Miami, FL 33161

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ivan Dorvil, Pres.

Date

6-10-04

Daytime Phone #

305-336-0568

CR2E081 (01/04)

STEVEN R GOLDEY, CPA, P.A.

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June 7, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Nuvo Kafe Inc.
Document# P02000065502

Dear Sir or Madam:

The taxpayer is a lay person unfamiliar with the rules and regulations of the Department of State. For whatever reason, the mailings for the annual report were not received. Therefore the taxpayer had no knowledge of the requirement to file these reports. (2003)

It is respectfully requested that the \$600 reinstatement fee be waived due to the reason described above. From this point forward, the taxpayer understands and will be filing the Annual Reports in a timely manner.

Your consideration is greatly appreciated.

Sincerely,

Steven R Goldey
Steven R Goldey

c.c. Mr. Dorvil